

The Penn Insurance and Annuity Company of New York

Administrative Office Mailing Address:

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PERIODIC DISTRIBUTION

REQUEST FORM

**NON-QUALIFIED CONTRACT/QUALIFIED
CONTRACT OTHER THAN RMD'S**

♦ **GENERAL INFORMATION (PLEASE PRINT)**

Owner Name: _____	Contract Number: _____
Annuitant Name: _____	Phone Number: _____
Annuitizing Contract As: <input type="checkbox"/> Annuitant <input type="checkbox"/> Beneficiary (Please complete New Beneficiary Election)	

♦ **NEW BENEFICIARY ELECTION**

All Beneficiaries in one class will share equally, unless otherwise stated. Please complete all Beneficiary(ies) information listed below:

Name: _____	Address: _____		
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____	

Name: _____	Address: _____		
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____	

Name: _____	Address: _____		
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____	

♦ **ANNUITY OPTION ELECTION**

Please choose only One option below:

Fixed Period of _____ years Fixed Amount (Gross) \$ _____ Life Only Income

Life Income - 10 Years Guaranteed Life Income - 15 Years Guaranteed Life Income - 20 Years Guaranteed

Joint and Survivor Life Income Joint Life Income - 2/3 to the Survivor Joint Life Income - 1/2 to the Survivor

♦ **PAYMENT INFORMATION**

Payment Frequency: Monthly Quarterly Semi-Annual Annual
(Payments will be made monthly unless otherwise stated.)

Payment to Commence: _____
Month Day Year

Mail Check: To the address on file Alternate Address Direct Deposit

Alternate Mailing Addressee: _____

Financial Institute Name: _____

Financial Institute Address: _____

Transit Routing Number: |: _____ |: Please contact your financial institution for correct information.

Account Number: _____ Type of Account: Checking Statement Savings

